

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721524

FILED
May 01, 2009
Secretary of State

Entity Name: WINDWARD SOUTH CONDO, INC.

Current Principal Place of Business:

3845 SOUTH ATLANTIC AVENUE, #11
DAYTONA BEACH SHORES, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

3845 SOUTH ATLANTIC AVENUE, #11
DAYTONA BEACH SHORES, FL 32118 US

New Mailing Address:

FEI Number: 52-2220815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OLLINGER, PATRICIA
3845 SOUTH ATLANTIC AVENUE, #11
DAYTONA BEACH SHORES, FL 32118 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLLINGER, PATRICIA
Address: 3845 S ATLANTIC AVE 11
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 SH

Title: V () Delete
Name: RASALA, CHESTER
Address: 3845 SOUTH ATLANTIC AVENUE, #7
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 SH

Title: T () Delete
Name: CARLASARE, JOELYN
Address: 3845 SOUTH ATLANTIC AVENUE, #7
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 SH

Title: MBR () Delete
Name: LACOUR, BUDDY
Address: 123 ANCHOR DR
City-St-Zip: PONCE INLET, FL 32127 SH

Title: D () Delete
Name: RASALA, FRANKIE A
Address: 3845 SOUTH ATLANTIC AVENUE, #7
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 SH

Title: MBR () Delete
Name: SHAKER, MARGE
Address: 3845 S ATLANTIC AVE 7
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA OLLINGER

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date